

Last name

First name

CULPEPER COUNTY COMMISSIONER OF THE REVENUE APPLICATION FOR VEHICLE HIGH MILEAGE ADJUSTMENT

Mailing address:

PO Box 1807
Culpeper, VA 22701



Phone: 540-727-3443

Fax: 540-727-3472

MUST FILE ON OR BEFORE MAY 1st

You may apply for an adjustment on your personal property tax assessment if your vehicle has the required amount of high mileage (REFER TO CHART BELOW). The application must be filed with Culpeper County annually until the mileage reaches 150,000; and then no further filing will be required. Please use one form per vehicle. If you need additional applications you may copy this form.

High mileage adjustments are not available on motorcycles, motor homes, large trucks or trailers.

REQUIREMENTS:

1. Complete and sign this form.
2. Attach proper high mileage documentation, i.e. oil change receipts, state inspection slips, or repair bills.
Please do not send the originals. Documentation provided must be dated on or before **January 1st**.
3. Return this application and your documentation to the mailing address listed above on or before **May 1st**.

AGE OF VEHICLE	REQUIRED MILEAGE AS OF JAN 01	VEHICLE INFORMATION	VIN (VEHICLE IDENTIFICATION NUMBER)		
1 year old	20,001	YEAR MAKE	MODEL		
2 years old	35,001	LICENSE PLATE	Vehicle used more than 50% for business: YES NO		
3 years old	45,001		Vehicle is garaged in: COUNTY TOWN		
4 years old	60,001		SSN/FEDERAL ID		
5 years old	70,001		OWNER INFORMATION		
6 years old	85,001	LAST NAME	FIRST NAME	MI	JR/SR/ etc
7 years old	95,001				
8 years old	110,001				
9 years old	120,001				
10 years old	130,001	CO-OWNER NAME			
11 years old	140,001	STREET ADDRESS			
12 years old	145,001	CITY/STATE/ZIP			
13 years old or more	No additional discount				

I hereby certify that this vehicle is registered in Culpeper County and the information above is true and correct to the best of my knowledge.

Signature of Owner

Date

FOR OFFICE USE ONLY

Date documentation received:

NADA
Clean trade-in value
Adjusted value:

Odometer reading from
attached documentation:

Less High Mileage
Allowance:

Account #:

Equals a recessed
value of:

Auditor Name:

Date reviewed

NOTES: